

ACTION: REVISED

DATE: 08/19/2002  
11:46 AM

### **Rule Summary and Fiscal Analysis (Part A)**

#### **Department Of Job And Family Services**

Agency Name

#### **Division Of Medical Assistance**

Division

#### **Mary H Mynatt**

Contact

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**5101:3-4-13**

Rule Number

**AMENDMENT**

TYPE of rule filing

Rule Title/Tag Line

**Therapeutic injections and prescribed drugs.**

### **RULE SUMMARY**

1. Is the rule being filed consistent with the requirements of the RC 119.032 review? **Yes**

2. Are you proposing this rule as a result of recent legislation? **No**

3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03**

4. Statute(s) authorizing agency to adopt the rule: **5111.02**

5. Statute(s) the rule, as filed, amplifies or implements: **5111.01, 5111.02**

6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

To amend the current rule.

7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; If the rule type is RESCISSION, NEW or NO CHANGE,

then summarize the content of the rule:

Changes to this rule include deleting references to HCPCS code X0799 which is no longer a covered code by Medicaid, add language concerning general conditions for reimbursement (requiring FDA approval or accepted standards of medical practice) of injections/drugs which allows us to delete paragraphs from the rule about involving specific drug references and to add language for reimbursement of codes 90782 to 90788 (previously not covered by Medicaid) that more clearly defines reimbursement conditions for those codes.

8. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so:

This rule is being revised to clarify OAC references within this rule.

9. 119.032 Rule Review Date: 8/2/2002

(If you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: At time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

### **FISCAL ANALYSIS**

10. Estimate the total amount by which *this proposed rule* would **increase / decrease** either **revenues / expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will have no impact on Revenues or Expenditures

\$ 0.00

This proposed rule will not change the Agency's projected budget during the current biennium.

11. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

Item: N/A

Expenditure: N/A

12. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your information/estimated costs, e.g. industry, CFR, internal/agency:

There is no cost.

13. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **No**

14. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**